EXHIBIT 4

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CHARGE OF DISCRIMINATION				COMPLAINT/CHARGE NUMBER
This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing				MDCR # 387452
this form.				EEOC#23A-2008-01413C
MICHIGAN DEPARTMENT O	F CIVIL RIGHTS and THE	E U.S. EQUAL EN	MPLOYMENT OP	PORTUNITY COMMISSION
NAME (Indicate Mr., Ms., Mrs.) Ms. Emily C. Kroll				HOME TELEPHONE NO. (Include Area Code)
				(231) 578-2447
street address, city, state and zipcode 221 East Spring Street, Whitehall, MI	1.40461			
221 East Spring Street, wintenan, Mit	. 45401			
	employment agency, appren	nticeship committee,		nment agency who discriminated against me
NAME White Lake Ambulance Authority		#EMPL/MEMBERS	TELEPHONE NO. (Include Area Code)	
White Lake Amounance Authority			30	(231) 894-4306
STREET ADDRESS, CITY, STATE AND ZIPCODE 119 S. Baldwin St., Whitehall, MI 494	461			
CAUSE OF DISCRIMINATION BASED ON				DATE OF MOST RECENT OR CONTINUING
Sex				DISCRIMINATION April 28, 2008
I, a woman, believe I was subjected	to other towns and one	ditions of omals	remant most res	<u></u>
terminated on 04/28/2008 due to my se		amons of empic	Jyment, most rec	entry on or about 04/21/2008, and
I began working for the respondent in S	September 2003, most rec	ently as an EMT	specialist.	
Other terms & conditions	04/21/2008	Sex		
On or about 04/21/2008, the responde time, including dating a married many that I dated was required to seek couns	who also works for the re	-	•	
Discharge	04/28/2008	Sex		
On or about 04/21/2008, the responde time, including dating a married man requested, and I was terminated for all not aware that the married male respon	who also works for the eged immoral behavior.	respondent. As I was told that if	s of 04/28/2008, I sought counseli	I had not completed counseling as
This complaint is based on the follo	wing law:			
Elliott-Larsen Civil Rights Act No 453,	, Public Act of 1976, as ar	mended		
Title VII, US Civil Rights Act of 1964,	as amended			
	•			Jolene Rae Maressa, Notary Public Muskegon County, State of Michigan My Commission Expires 3-31-2012
swear or affirm that I have read the abo		The second secon		State and Local Requirements)
rue to the best of my knowledge, information and belief.		1 -ni	ene fer	moneson
declare under penalty of perjury that the foregoing is true and		SUBSCRIBED AND S	WORN BEFORE ME THIS	B DATE (Day, month and year)
correct.			210	of May 2008
also want this charge filed with the EEO gencies if I change my address or telepl				•
ooperate fully with them in the processir		Commissioned in	, Mus	Kegir county
ccordance with their procedures.	- -	1	Much	eabo
(Inity (Kreu	Acting in		
ate 5-27-117 Signature of Char	rging Party / Claimant	Commission exp	ires $5 3 $	112012

Commission expires_